P:2/22

PATENT Docket No. 01-7116

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

In the application of:

Examiner: W. Mayo

AUG 1 9 2004

BRADFORD

Group Art Unit: 2831

OFFICIAL Ce only

Serial No.: Filing Date:

September 26, 2003

For:

ELECTRICAL CABLE

10/672,865

AMENDMENT UNDER 37 C.F.R. \$1,111

Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

This is in response to the Office Action dated May 24, 2004, for which a response is due on August 24, 2004.

PAGE 2/22 * RCVD AT 8/19/2004 3:08:30 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/6 * DNIS:8729314 * CSID: * DURATION (mm-ss):05-30

Respectfully submitted,

Dated:

August 19, 2004

By:

Peter Hsiel

Reg. No.: 44,780 Plantronics, Inc. 345 Encinal Street Santa Cruz, CA 95060 Tel: (831) 458-7758

| | | | | | | | | Application or Docket Number | | | | | | |
|---|--|--|------------------------------------|--------------------------------|---------------------------|-------------------------------------|-------------------|------------------------------|--|-----------|-------------------------|------------------------|--------|--|
| PATENT APPLICATION FEE DETERMINATION RECOI Effective January 1, 2003 | | | | | | | | | RD (0/472845 | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY TYPE | | | OR | OTHER THAN SMALL ENTITY | | | |
| TOTAL CLAIMS | | | 17 | | | | RA | TE | FEE | 7 | RATE | FEE | | |
| FC | R | NUMBER FILED | | NUMBER EXTRA | | BASI | C FEE | 375.00 | OR | BASIC FEE | 750.00 | | | |
| TC | TAL CHARGE | 17 - minus 20= | | ·6 | | X\$ | 9= | | OR | | | | | |
| NDEPENDENT CLAIMS | | | 5- minus 3 = | | 2 | | X4 | 2= | | OR | X84= | 1/0 | | |
| ΜŁ | ILTIPLE DEPE | NDENT CLAIM P | RESENT | | | | | | | 1 | | 16810 | D | |
| · If | the difference | in column 1 is | less than 76 | ero ente | "O" in | column 2 | | 10= | <u> </u> | OR | +280= | | | |
| ζ | 1100 | | | | | COM 1117 Z | TO | TAL | | OR | TOTAL | 9181 | Ń | |
| | But | (Column 1) | AMENDEL | - PAH (Colur | | (Column 3) | SM | ALL | ENTITY | OR | OTHER SMALL | | | |
| AMENDMENIA | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | EST BER DUSLY | PRESENT EXTRA | RA | TE | ADDI- TIONAL FEE | ,,, | RATE | ADDI- TIONAL FEE | | |
| 3 | Total | . 18 | Minus | ^ | 9 | 9 | X\$ | 3= | | | X\$18= | 7 | | |
| | Independent | . 6 | Minus | *** - | 5 | =) | - | | \ | OR | X (OT | 0 | | |
| ₹ | FIRST PRESE | | X4: | Z= | \ | OR | %84 # | 8ou | | | | | | |
| | | | - | | | | +14 | 0= | | OR | +280= | | _ | |
| | | | | | | | ADDIT. | OTAL FEE | | QR | TOTAL ADDIT. FEE | R6100 |) T | |
| | | (Column 1) | | (Colur | | (Column 3) | | | | 1 | | | V ^ | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER | PRESENT EXTRA | RA | ΓE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| | Total | • | Minus | ## | | = | X\$ | 9= | | OR | X\$18= | | | |
| | Independent | * | Minus | *** | | | X4: |) <u> </u> | | | X84= | | | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL | | | | | | | _ | | OR | 7042 | | | |
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| | | | | | | | ADDIT. | FEE | | OR | TOTAL ADDIT. FEE | | | |
| | | (Column 1) CLAIMS | | (Colun | | (Column 3) | | | | | | 1 | | |
| SINCIADINEIS O | | REMAINING AFTER AMENDMENT | | NUME PREVIO PAID I | BER | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| | Total | • | Minus | ** | | = | X\$ 9 |) <u> </u> | | OR | X\$18= | | | |
| | Independent | * | Minus | *** | | = | X42 | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | _^4 | - | | OR | X84= | | | |
| + [| f the entry in color | mn 1 in loan there is | a aalmala! | | | | +140 |)= | | OR | +280= | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | | OR | TOTAL ADDIT, FEE | | | |
| | The *Highest Num | mber Previously Pai ober Previously Pai | alo For IN THIS d For (Total or | SPACE is independe | s less tha ent) is the | n 3, enter "3." highest number i | | | ropriate box | | | | | |
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